



AAP Project ECHO Case Presentation Form

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a Project ECHO® setting. Do not share any confidential patient information (name, etc.) when identifying your patient during clinic.

Case Number _____

Patient Gender: Female Male Age of Patient: _____ Gestational Age of Patient at Birth: _____

Height: _____ Weight: _____

Head Circumference at birth in cm: _____ Absolute Head Circumference at birth in cm: _____

Weight (kg): _____

Reason for presenting the case today

Main questions about this patient

Pre/peri/postnatal complications (include details about the possible confirmation/suspicion of the Zika Virus [eg mother or infant travel history or test results]):

Diagnosis Child: Confirmed Suspected Diagnosis Mother: Confirmed Suspected

Travel History (Mother or infant) _____

Have there been any referrals? No Yes If so, to whom? _____

Pertinent general findings

Postnatal Head U/S: No Yes _____

Standard Newborn Hearing Screen: No Yes _____

Microcephaly: Diagnosis Presentation _____

Intracranial calcifications: No Yes

Other brain anomalies _____

Eye anomalies: No Yes _____

Orthopedic abnormalities: No Yes _____

Other Pertinent General Findings: _____

Pertinent neurologic findings

Sleep problems Microcephaly Excess irritability

Ventriculomegaly and extra-axial fluid Abnormal gyral patterns (e.g., polymicrogyria)

Decreased brain parenchymal volume Cortical atrophy and malformation

Hypoplasia of the cerebellum Cerebellar vermis or brainstem

Delayed myelination Thinning or hypoplasia of the corpus callosum Seizures

Ophthalmology exam findings (including retinal assessment, eye fundus abnormalities, retinal lesions, optic nerve atrophy, strabismus, nystagmus): *The method of exam can be mentioned and if neonate was given sedation for fundoscopic exam.* _____

Hearing exam findings

Newborn hearing test results: _____

Auditory Brainstem findings: _____

Pertinent endocrine function findings: (If Congenital Adrenal Hyperplasia enzyme deficiency screening was done in nursery it should be mentioned.) _____

Alertness, ability to communicate and cooperate compared to age: _____

| Laboratory Testing Findings | |
|-----------------------------|---------|
| Test | Results |
| rRT-PCR | |
| IgM | |
| Thyroid | |
| TSH | |
| Free T4 | |
| Total T4 or | |
| Estimated T4 | |

Concerns about feedings (assess the infant for evidence of feeding difficulties, including sucking, swallowing dysfunction, gastroesophageal reflux, and aspiration):

- Sucking dysfunction* *Swallowing dysfunction* *Gastroesophageal Reflux* *Aspiration*
 Other _____

Concerns about developmental screening: _____

Family Social Needs: _____

Psychosocial needs of the family: _____

Is there a care plan? No Yes _____

Other (including Arthrogyposis, orthopedic, joint abnormalities, prior surgeries): _____

Health care providers should report information on pregnant women in the United States and the U.S. territories with laboratory evidence of Zika virus infection and their infants (regardless of infant test results) to state, tribal, local, or territorial health departments for inclusion in the U.S. Zika Pregnancy Registry

<http://www.cdc.gov/zika/hc-providers/registry.html>), or the Puerto Rico Zika Active Pregnancy Surveillance System (ZAPSS) (<http://www.cdc.gov/zika/public-health-partners/zapss.html>).